

CLINTON COUNTY HEALTH DEPARTMENT
930 A Fairfax Carlyle, Illinois 62231
Phone 618-594-2723 FAX 618-594-5474

INSTALLATION REPORT FOR WATER WELL PUMPS

Type of Installation ☐ Replacement Date of Installation _____
☐ New Construction

County _____ Permit Number _____
(new construction only)

Owner's Name _____

Site Address _____

Street Address _____ City _____, IL Zip Code _____

Township Name _____ Subdivision Name _____

Twp _____ ☐ N ☐ S Range _____ ☐ E ☐ W Section _____

Pump Manufacturer _____ Model _____

Well Depth _____ Depth Pump Set _____ Pumping Capacity _____

Static Water Level _____ Pumping Level _____

Pitless Adapter Manufacturer _____ Model _____

How Attached to Casing? ☐ Screw On ☐ Welded ☐ Compression

Type of Well Cap _____

Tank Working Cycle _____ gallons Captive Air? ☐ Yes ☐ No

Pump Equipment Disinfected? ☐ Yes ☐ No

Pump Installation Contractor _____ License Number _____

Comments _____